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31625 7590 02/10/2005

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	Adesewa Falet (Depositor's name)
	(Signature)
4/18/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/616,619	07/10/2003	Karen Jeanne Pelletier	064198.0173	3356

TITLE OF INVENTION: SYSTEM AND METHOD FOR PROVIDING NETWORK INFORMATION SERVICE USING CID-TYPE MESSAGES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/10/2005
04/20/2005 DENHANU2 00000042 10616619					
EXAMINER		ART UNIT	CLASS-SUBCLASS		
TIEU, BENNY QUOC		2642	01 FC:1501 379-229000 02 FC:1504	1400.00 OP 300.00 OP	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Baker Botts L.L.P.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SBC Properties, L.P.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Reno, NV

04/20/2005 SDENBOB2 00000116 502148 10616619

01 FC:8001 36.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 12

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2148 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ann C. Livingston

Date

4/18/05

Typed or printed name

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32,479

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